

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 48

STATE FILE NUMBER

-62-006322

FILED FEB 19 1962

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

c. CITY OR TOWN

Clinton

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

609 S. Orchard

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

609 S. Carter

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Phillip

Middle

(None)

Last Carter

4. DATE OF DEATH

Month February Day 16 Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/28/90

9. AGE (last birthday)

71

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

General

11. BIRTHPLACE (City and state or country)

Henry Co., Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Martin Carter

13b. MOTHER'S MAIDEN NAME

Mary Woody

14. NAME OF HUSBAND OR WIFE

Ethel Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

97 Ethel Carter, Clinton, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

2 m

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arterial sclerotic heart disease

3 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour 11 a.m. Month 2 Day 18 Year 1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11 30 a. to death and last saw him alive on 1-22-62

Death occurred at 11 30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Carroll R. Witzel, D.O.

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

2-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/18/62

23c. NAME OF CEMETERY OR CREMATORY

Fields Creek

23d. LOCATION (City, town, or county)

Henry Co., Missouri

24. FUNERAL DIRECTOR

ADDRESS

Consalus

Clinton, Missouri

25. DATE RECD. BY LOCAL REG.

Feb. 17, 1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

BY MA

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Connelley

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.